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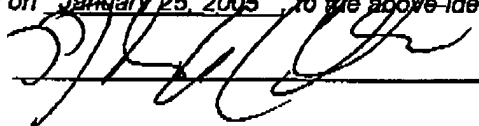
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Number of Pages Including this Page: 5

1) Fee Transmittal (original + 1 copy)

Inventor(s): Angell *et al.*

2) Notice of Appeal (original + 1 copy)

S.N.: 10/049,204

3)

Filed: February 8, 2002

4)

Case: 7728


Comments:

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|   |                          |                    |
|---|--------------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br>Patent fees are subject to annual revision.<br>Effective December 8, 2004 | <b>Complete if Known</b> |                    |
|   | Application Number       | 10/049,204         |
|   | Confirmation Number      | 8045               |
|   | Filing Date              | February 8, 2002   |
|   | First Named Inventor     | Adrian J.W. Angell |
|   | Examiner Name            | Charles I. Boyer   |
| TOTAL AMOUNT OF PAYMENT (\$) 950.00   | Art Unit                 | 1751               |
|   | Attorney Docket No.      | 7728               |

| <b>METHOD OF PAYMENT</b><br>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company   | <b>FEE CALCULATION (continued)</b><br><b>5. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Fee Description                             | Fee Paid        | Extension for reply within 1 <sup>st</sup> month | (\$120) <input type="checkbox"/> | Extension for reply within 2 <sup>nd</sup> month | (\$450) <input checked="" type="checkbox"/> | Extension for reply within 3 <sup>rd</sup> month | (\$1,020) <input type="checkbox"/> | Extension for reply within 4 <sup>th</sup> month | (\$1,590) <input type="checkbox"/> | Extension for reply within 5 <sup>th</sup> month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/>          | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | Non-English specification                | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) <input checked="" type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other:                                   | <input type="checkbox"/> |
|---|--|---|-----------------|--|----------------------------------|--|---|--|------------------------------------|--|------------------------------------|--|------------------------------------|--------------------------------------|---|---|----------------------------------|---|---------------------------------|--|----------------------------------|------------------|----------------------------------|--|---|--------------------------|------------------------------------|---|------------------------------------|--|--------------------------|
| Fee Description   |  | Fee Paid                                    |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Extension for reply within 1 <sup>st</sup> month  |  | (\$120) <input type="checkbox"/>            |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Extension for reply within 2 <sup>nd</sup> month  |  | (\$450) <input checked="" type="checkbox"/> |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Extension for reply within 3 <sup>rd</sup> month  |  | (\$1,020) <input type="checkbox"/>          |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Extension for reply within 4 <sup>th</sup> month  | (\$1,590) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Extension for reply within 5 <sup>th</sup> month  | (\$2,160) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Information Disclosure Statement fee  | (\$180) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)   | (\$130) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
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| Non-English specification   | (\$130) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Notice of Appeal  | (\$500) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Filing a brief in support of an appeal  | (\$500) <input checked="" type="checkbox"/>  |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Request for oral hearing  | (\$1,000) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | (\$1,370) <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Other:  | <input type="checkbox"/>   |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| <b>FEE CALCULATION</b><br>2. <b>BASIC FILING FEE - Large Entity</b><br><table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>  |  | FILING FEE                                  | SEARCH FEE      | EXAMINATION FEE                                  | Fee Paid                         | Application Type                                 |   |  |                                    |  | Utility                            | (\$300)  | (\$500)                            | (\$200)                              | (Total = \$1000) <input type="checkbox"/> | Design  | (\$200)                          | (\$100)                                     | (\$130)                         | (Total = \$430) <input type="checkbox"/> | Reissue                          | (\$300)          | (\$500)                          | (\$600)                                | (Total = \$1400) <input type="checkbox"/>   | Provisional filing fee   |                                    |   |                                    | (Total = \$200) <input type="checkbox"/> |                          |
|   | FILING FEE   | SEARCH FEE                                  | EXAMINATION FEE | Fee Paid   |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Application Type  |  |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Utility   | (\$300)  | (\$500)                                     | (\$200)         | (Total = \$1000) <input type="checkbox"/>        |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Design  | (\$200)  | (\$100)                                     | (\$130)         | (Total = \$430) <input type="checkbox"/>         |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Reissue   | (\$300)  | (\$500)                                     | (\$600)         | (Total = \$1400) <input type="checkbox"/>        |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Provisional filing fee  |  |   |                 | (Total = \$200) <input type="checkbox"/>         |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 3. <b>APPLICATION SIZE FEE:</b><br>Sheets of Spec and Drawings <input type="checkbox"/><br>(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)<br>SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>  |  |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>0 - 20** = 0 x 0 =</td> <td>0</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>0 - 3** = 0 x 0 =</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent claims:</td> <td>0 =</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><b>Fee Description</b></p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>*Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p>SUBTOTAL (4) (\$) <input type="checkbox"/></p> |  | Extra Claims                                | Fee from Below  | Fee Paid   | Total Claims                     | 0 - 20** = 0 x 0 =                               | 0   | 0  | Independent Claims                 | 0 - 3** = 0 x 0 =                                | 0                                  | 0  | Multiple Dependent claims:         | 0 =                                  | 0   | 0   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
|   | Extra Claims   | Fee from Below                              | Fee Paid        |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Total Claims  | 0 - 20** = 0 x 0 =   | 0   | 0               |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
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| SUBTOTAL (5) (\$) 950   |  |   |                 |  |                                  |  |   |  |                                    |  |                                    |  |                                    |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |

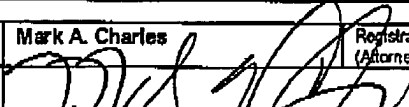
|                     |   |                                 |                          |
|---------------------|---|---------------------------------|--------------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b> |                          |
| Name (Print/Type)   | Mark A. Charles   | Registration No.                | 51,547                   |
| Signature           |  | (Attorney/Agent)                | Telephone (513) 627-4229 |
|                     |   | Date                            | January 25, 2005         |

+ This collection of information is required by 37 CFR 1.14. The information is required to obtain or maintain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual cases. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1430, Alexandria, VA 22313-1430. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner

Footnote.doc (Revised for P&G use 1/21/2004)

|   |                          |                    |
|---|--------------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br>Patent fees are subject to annual revision.<br>Effective December 8, 2004 | <b>Complete if Known</b> |                    |
|   | Application Number       | 10/049,204         |
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|   | Examiner Name            | Charles I. Boyer   |
|   | Art Unit                 | 1751               |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 950.00  | Attorney Docket No.      | 7728               |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
|--|--|-----------------|-----------------|--|---|--|---|--|--|--|------------------------------------|--|--|--------------------------------------|---|---|----------------------------------|---|---------------------------------|--|----------------------------------|------------------|----------------------------------|--|---|--------------------------|------------------------------------|---|------------------------------------|--|--------------------------|
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| Extension for reply within 5 <sup>th</sup> month   | (\$2,160) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Information Disclosure Statement fee   | (\$180) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)  | (\$130) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 37 CFR 1.17 (g) Missing Parts (provisional)  | (\$50) <input type="checkbox"/>  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Non-English specification  | (\$130) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Notice of Appeal   | (\$500) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Filing a brief in support of an appeal   | (\$500) <input checked="" type="checkbox"/>  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Request for oral hearing   | (\$1,000) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)  | (\$1,370) <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Other:   | <input type="checkbox"/>   |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| <b>FEE CALCULATION</b><br>2. <b>BASIC FILING FEE - Large Entity</b><br><table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>   |  | FILING FEE      | SEARCH FEE      | EXAMINATION FEE                                  |   | Application Type                                 |   |  |  | Fee Paid   | Utility                            | (\$300)  | (\$500)  | (\$200)                              | (Total = \$1000) <input type="checkbox"/> | Design  | (\$200)                          | (\$100)                                     | (\$130)                         | (Total = \$430) <input type="checkbox"/> | Reissue                          | (\$300)          | (\$500)                          | (\$600)                                | (Total = \$1400) <input type="checkbox"/>   | Provisional filing fee   |                                    |   |                                    | (Total = \$200) <input type="checkbox"/> |                          |
|  | FILING FEE   | SEARCH FEE      | EXAMINATION FEE |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Application Type   |  |                 |                 | Fee Paid   |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Utility  | (\$300)  | (\$500)         | (\$200)         | (Total = \$1000) <input type="checkbox"/>        |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Design   | (\$200)  | (\$100)         | (\$130)         | (Total = \$430) <input type="checkbox"/>         |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Reissue  | (\$300)  | (\$500)         | (\$600)         | (Total = \$1400) <input type="checkbox"/>        |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Provisional filing fee   |  |                 |                 | (Total = \$200) <input type="checkbox"/>         |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 3. <b>APPLICATION SIZE FEE:</b><br>Sheets of Spec and Drawings <input type="checkbox"/><br>(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)<br>SUBTOTAL (2)-(3) (\$)[0]   |  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| 4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater. For Reissues, see below<br><b>Fee Description</b><br>Claims in excess of 20 (\$50 per claim)<br>Independent claims in excess of 3 (\$200 per claim)<br>Multiple dependent claim, if not paid (\$360)<br>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)<br>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)<br>SUBTOTAL (4) (\$)[0] |  | Extra Claims    | Fee from Below  | Fee Paid   | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |  |   |  | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |  |                                    |  | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
|  | Extra Claims   | Fee from Below  | Fee Paid        |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>  |  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>   |  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
| Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>   |  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |
|  | SUBTOTAL (5) (\$) [950]  |                 |                 |  |   |  |   |  |  |  |                                    |  |  |                                      |   |   |                                  |   |                                 |  |                                  |                  |                                  |  |   |                          |                                    |   |                                    |  |                          |

|                     |   |                                   |                  |
|---------------------|---|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |                  |
| Name (Print/Type)   | Mark A. Charles   | Registration No. (Attorney/Agent) | 51,547           |
| Signature           |  | Telephone                         | (513) 627-4229   |
|                     |   | Date                              | January 25, 2005 |

+ This collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
 FeeForm.doc (Revised for P&G use 12/14/2004)

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Signature  
January 25, 2005  
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JAN 25 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/049,204  
Applicant(s) : Adrian J.W. Angell  
Filed : February 8, 2002  
Title : Detergent Product  
TC/A.U. : 1751  
Examiner : Charles I. Boyer  
Conf. No. : 8045  
Docket No. : 7728  
Customer No. : 27752

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

A petition under 37 CFR §1.136(a) to extend the period for filing a reply in the above-identified application is also requested. The processing fee under 37 CFR §1.17 has been determined as follows: \$450.00 for a 2-month extension of time.

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose. I am: an attorney of record.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

Mark A. Charles  
Registration No. 51,547  
(513) 627-4229

Date: January 25, 2005  
Customer No. 27752

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I am enclosing or depositing with the United States Postal Service with sufficient postage to first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

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